MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	575011	.
APPLICANT(S)		=

FILING DATE

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT				AS FILED		AFTER 1"AMENDMENT		AFTER 2 md AMENDMENT	
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U.S. DEPARTMENT of COMMERCE											<u>\$-401.</u>			
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